| UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT Name: Jeffrey Cozzens New Member of or Candidate for State: N.S. House of Representatives District 0: Candidates - Date of Election: Sept 13, 2022 Share Share | FORM B For New Members, Candidates, and Daytime Telephone: NH State: 02 NH State: 02 Sept 13, 2022 Staff Filer Type (If Applicable): Shared Principal Assistant be Care Sections | FORM B Indicates, and New Employees Check if Amendment Period Covered, January 1, 2021 Dec 31, 2027 | LEGISLATIVE RESOURCE CENTER 2022 FEB -3 AM II: 37 OFFICE OF THE CLERK U.S. HOUSE OF REPRESENTATIVES (Office Use Only) A \$200 penalty shall be assessed against any laddydual who files more than 30 days late. |
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| NARY IN | Staff Filer Type (If Applicable): Shared Principal Assistant | od Doversij | A \$200 penetty shall be assessed against any individual who files more than 30 days late. |
| A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unserned income from any reportable asset during the reporting period? | Yes X No | E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filling? | ng the reporting Yes X No |
| C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? | Yes × No | F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? | arrangement with an Yes No X |
| D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? | Yes X No DING SCI | _ | r years? Yes No X |
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| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BY TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" no from this report details of such a trust that benefits you, your spouse, or dependent child? | OR TRUST INFORMATION - A y the Committee on Ethics and certain other "ex use, or dependent child? | ANSWER BOTH OF THESE QUESTIO | OTHOF THESE QUESTIONS sed not be disclosed. Have you excluded Yes No X |
| EXEMPTION — Have you excluded from this report any other assets, "unearned" income, or tabilities of a spouse or dependent examption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. | sets, "unearned" income, or tabilities of a spour with the Committee on Ethics. | se or dependent child because they meet all three tests for | et all three tests for Yes No X |

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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| | | | | | | | | | j | | | | | | | Other Type of Income (Specify: e.g., Partnesship Income or Farm Income) | _ | | | |
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| | | | | Ш | | | | | | | | | | | | \$1,000,001-\$5,000,000 | × | | | |
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SCHEDULE C - EARNED INCOME

| Name: Jeffrey Cozzens |
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| Page 4 of 7 |
| of 7 |
| |

List the source, type, and smount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or mo and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

| INCOME LIMITS an samed income for N and payments for po | INCOME LIMITS and PROHIBITED INCOME: Be edvised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroli. The 2020 limit on outside samed income for Members and employees compensated at or above the "senior staff" rate was \$28,845. The 2021 limit is \$29,695, in addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiductory relationship) are totally prohibited for Members and senior staff. | prohibitions on types of income n 28,845. The 2021 limit is \$29,586 imbers and senior staff. | ney apply to you after you are on Hou 5. In addition, certain types of incom | see payroll. The 2020 limit on outside e (notably honoraria, director's fees, |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| e. | disching white of mondat for homomatal | | Am Amara Amara Am | Amount Bassalles Year |
| 9 | | ı ype | | |
| | ABC Trade Association. Bellimors. MD (Adv. 15) | Henoratum | 200 | \$600 |
| Examples: | State of Marchaed | Strong Strongth | \$20,000 \$0 | \$1 000. |
| | Carlado County Board of Education | Socies Seiony | N/A | NVA |
| | | | | |
| Brau Inc | | Salary | \$83,693 | \$88,204 |
| Brau Inc | | Spouse Salary | N/A | N/A |
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SCHEDULE D - LIABILITIES

| | Name: |
|---|----------|
| | Jeffrey |
| | Cozzens |
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Report flabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during this reporting period. New Members: Members are required to seport all liabilities segured by real property including mortgages on their personal readence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependentchild.

| | · | _ | | | 8. 7. | | |
|-----|------|---|---|----------------------------------------|----------------------------------------|----------|---------------------|
| | | | | Example | | | • |
| | | | | Flui Bank of Wilmorgton, DE | Creditor | | |
| | | | | 6/20 | Date Liability Incurred MO/YR | | |
| | | | | Mortgage on Rental Property, Dover, DE | Type of Liability | | |
| | | | | | \$10,001- \$16,000 | > | |
| | | | | | \$15,001- \$50,000 | • | |
| | | | | | \$50,001- \$100,000 | o | |
| | | | | х | \$190,001- \$250,000 | | , |
| | | | | | \$250,001- \$500,000 | rtt | moun |
| | | | | | \$500,001- \$1,000,000 | 79 | Amount of Liability |
| | | | | | \$1,000,001- \$5,000,000 | a | |
| | | | | | \$5,000,001- \$25,000,000 | = | |
| - 1 | | | | | \$25,000,001- \$50,000,000 | - | |
| | | | į | | | | |
| | | | | | Over \$50,000,000 Over \$1,000,000* | - | |

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, fursise of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

| Position | Name of Organization |
|------------|------------------------------------------------------|
| | |
| Trustee | Community College System of New Hampshire (pro bono) |
| President | New Hampshire Brewers Assoc (pro bono) |
| Proprietor | BrauFink LLC |
| | |

SCHEDULE F - AGREEMENTS

Name: Jeffrey Cozzens Page G) ፞፞፞፞፞፞፞

Identify the date, parties to, and general terms of any agreement or enrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government, or continuing participation in an employee welfere or benefit plan methalined by a former employer.

| None | Date |
|------|------|
| None | |
| | |
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SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and the prior years. This includes the names of clients and customers of any corporation, firm, pertnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

| g- | |
|---------------------------------------------|-----------------------------|
| Source (Name and City/State) | Brief Description of Duties |
| Exemple: Doe Jones & Smith, Hometown, State | Accounting Services |
| | |
| None | |
| | |
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FILER NOTES (Optional)

Name: Jeffrey Cozzens

| | | | | | | | | | | NOTE |
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